

| ISSUE CLASSIFICATION |          |
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| Class                | Subclass |

**PATENT NUMBER**

U.S. ~~UTILITY~~ Patent Application

**U.I.P.E.**

PATENT DATE

**SCANNED**

**Q.A**

~~MONDES~~

|                 |            |            |          |            |                    |
|-----------------|------------|------------|----------|------------|--------------------|
| APPLICATION NO. | CONT/PRIOR | CLASS      | SUBCLASS | ART UNIT   | EXAMINER           |
|                 |            | <i>106</i> | <i>1</i> | <i>106</i> | <i>[Signature]</i> |

## APPLICANTS

**TITLE**

PTO-2040  
12/99

[illegible]

|  |   |             |            |                                   |                      |
|--|---|-------------|------------|-----------------------------------|----------------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>  | <b>DRAWINGS</b>                           |             |            | <b>CLAIMS ALLOWED</b>             |                      |
|  | Sheets Drwg.                              | Figs. Drwg. | Print Fig. | Total Claims                      | Print Claim for O.G. |
| The term of this patent subsequent to _____ (date) has been disclaimed.  |   |             |            | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
| The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____<br><br>_____  | (Assistant Examiner) _____ (Date)         |             |            |                                   |                      |
|  |   |             |            | <b>ISSUE FEE</b>                  |                      |
|  |   |             |            | Amount Due                        | Date Paid            |
|  | (Primary Examiner) _____ (Date)           |             |            |                                   |                      |
| The terminal ____ months of this patent have been disclaimed.  | (Legal Instruments Examiner) _____ (Date) |             |            | <b>ISSUE BATCH NUMBER</b>         |                      |
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